

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566638

FILING DATE

1-27-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9	1		1			
10		1		1		
11		2		2		
12		3		3		
13		4		4		
14		5		5		
15		6		6		
16		7		7		
17		8		8		
18		9		9		
19		10		10		
20		11		11		
21		12		12		
22		13		13		
23		14		14		
24		15		15		
25		16		16		
26		17		17		
27		18		18		
28		19		19		
29		20		20		
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36		27		27		
37		28		28		
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39		30		30		
40		31		31		
41		32		32		
42		33		33		
43		34		34		
44		35		35		
45		36		36		
46		37		37		
47		38		38		
48		39		39		
49		40		40		
50		41		41		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						